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Bib Data Sheet

CONFIRMATION NO. 1066

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|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/771,083 | <b>FILING OR 371(c) DATE</b><br>02/03/2004<br><b>RULE</b> | <b>CLASS</b><br>702 | <b>GROUP ART UNIT</b><br>2863 | <b>ATTORNEY DOCKET NO.</b><br>15436.171.1 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/444,486 02/03/2003 and is a CIP of 10/669,954 09/23/2003 ABN which claims benefit of 60/445,243 02/06/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None TL

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/03/2004

|   |                        |                     |                    |                         |
|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>3 | TOTAL CLAIMS<br>28 | INDEPENDENT CLAIMS<br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged<br>Examiner's Signature: <i>Cenay</i> Initials: TL  |                        |                     |                    |                         |

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## TITLE

Screening optical transceiver modules for electrostatic discharge damage

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|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1904 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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